	Effective October 1, 2003 09/676535												
CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN													
				(Column 1)		(Column 2)		1	TYPE -		OR SMALL ENTI		ENTITY .
TOTAL CLAIMS								ŀ	RATE	FEE		RATE	FEE
FOR				NUMBER FILED		NUMBER EXTRA			BASIC FE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS				minus 20=		•			X\$ 9=		OR	XS18=	
INDEPENDENT CLAIMS				minus 3 =		•		•	X43=		OR	X86=	
MI	JLTIPLE DEPEN	NDENT	CLAIM PI	RESENT	·				+145=		OR	+290=	
• 11	the difference	in col	umn 1 is	ess than zero, enter "0" in column 2			column 2		TOTAL	 	OR	TOTAL	
	С	LAIM	IS AS A	MENDE				OTHER	THAN '				
5	-1605	umn 1)		(Cotun	nn 2)	(Column 3)	·	SMALL	ENTITY	OR	SMALL	ENTITY	
ENT A		REN	LAIMS LAINING FTER . NOMENT	,	PREVIO PAID I	BER SUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total		q:	Minus	- 2	0	8		X\$ 9=	,	OR	X\$18=	;
AME	Independent	•	3	Minjus	3		<u> -</u>		X43=		OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								'	+145=		OR	+290=	
_									TOTAL		OR	YOTAL ADDIT, FEE	
2-14-06 (Column 1) (Column 2) (Column :								_	ADDIT. FEE	<u> </u>	•	ADDII. FEE	
	1-176	CLABAS REMAINING		,	HIGH	EST	झ) r		ADDI-			ADDI-
N. 10		AJ	FTER VOMENT		PREVIO	USLY	EXTRA		RATE	TIONAL FEE		RATE	TIONAL
AMENDMENT	Total		20	Minus	- /	9			X\$ 9= ·		OR	X\$18=	
AME	Indepéndent				SENDENT			Н	X43=		OR	X85≃	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									+145=	•	OR	+290=	•
											OR	TOTAL ADOIT, FEE	
3-20-67 (Column 1) (Column 2) (Column 3)													
ENT C			AIMS AINING TER IDMENT	MIGHE MUMB PREVIO PAID F		ER PRESENT USLY EXTRA			RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDME	Total	•	19.	Minus	~ 2	0	8	ll	X\$ 9=		OR	X\$18=	
	Independent	•	3	Minus	~ 3		a	ł t	X43=	·	OR	X86=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							1 			UR		
+145=											OR	+290=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the entry in column 1 is less than the entry in column 2, write "0" in column 3. TOTAL ADDIT. FEE													
1	f the "Highest Nur The "Highest Hum	tiber Pro ber Pres	eviously Paid Hously Paid	id For IN 1740 I For (Total o	S SPACE is Independe	i less thai nt) is the	n 3, enter "3." highest numbe			propriate box	in col	lumn 1.	

Application or Docket Number